

112TH CONGRESS  
1ST SESSION

**S.** \_\_\_\_\_

To provide for enhanced treatment, support, services, and research for individuals with autism spectrum disorders and their families.

---

IN THE SENATE OF THE UNITED STATES

---

Mr. DURBIN introduced the following bill; which was read twice and referred to the Committee on \_\_\_\_\_

---

## A BILL

To provide for enhanced treatment, support, services, and research for individuals with autism spectrum disorders and their families.

1        *Be it enacted by the Senate and House of Representa-*  
2        *tives of the United States of America in Congress assembled,*

3        **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4        (a) SHORT TITLE.—This Act may be cited as the  
5        “Autism Services and Workforce Acceleration Act of  
6        2011”.

7        (b) TABLE OF CONTENTS.—The table of contents for  
8        this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Findings.
- Sec. 3. Parental rights rule of construction.

Sec. 4. Definitions; technical amendment to the Public Health Service Act.

Sec. 5. Autism Care Programs Demonstration Project.

Sec. 6. Planning and demonstration grants for services for transitioning youth and adults.

Sec. 7. Multimedia campaign.

Sec. 8. National training initiatives on autism spectrum disorders.

Sec. 9. Authorization of appropriations.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

3 (1) Autism (sometimes called “classical au-  
4 tism”) is the most common condition in a group of  
5 developmental disorders known as autism spectrum  
6 disorders.

7 (2) Autism spectrum disorders include autism  
8 as well as Asperger syndrome, Retts syndrome,  
9 childhood disintegrative disorder, and pervasive de-  
10 velopmental disorder not otherwise specified (usually  
11 referred to as PDD–NOS), as well as other related  
12 developmental disorders.

13 (3) Individuals with autism spectrum disorders  
14 have the same rights as other individuals to exert  
15 control and choice over their own lives, to live inde-  
16 pendently, and to participate fully in, and contribute  
17 to, their communities and society through full inte-  
18 gration and inclusion in the economic, political, so-  
19 cial, cultural, and educational mainstream of society.  
20 Individuals with autism spectrum disorders have the  
21 right to a life with dignity and purpose.

1           (4) While there is no uniform prevalence or se-  
2           verity of symptoms associated with autism spectrum  
3           disorders, the National Institutes of Health has de-  
4           termined that autism spectrum disorders are charac-  
5           terized by 3 distinctive behaviors: impaired social  
6           interaction, problems with verbal and nonverbal  
7           communication, and unusual, repetitive, or severely  
8           limited activities and interests.

9           (5) Both children and adults with autism spec-  
10          trum disorders can show difficulties in verbal and  
11          nonverbal communication, social interactions, and  
12          sensory processing. Individuals with autism spec-  
13          trum disorders exhibit different symptoms or behav-  
14          iors, which may range from mild to significant, and  
15          require varying degrees of support from friends,  
16          families, service providers, and communities.

17          (6) Individuals with autism spectrum disorders  
18          often need assistance in the areas of comprehensive  
19          early intervention, health, recreation, job training,  
20          employment, housing, transportation, and early, pri-  
21          mary, and secondary education. Greater coordination  
22          and streamlining within the service delivery system  
23          will enable individuals with autism spectrum dis-  
24          orders and their families to access assistance from  
25          all sectors throughout an individual's lifespan.

1           (7) A 2009 report from the Centers for Disease  
2           Control and Prevention found that the prevalence of  
3           autism spectrum disorders is estimated to be 1 in  
4           110 people in the United States.

5           (8) The Harvard School of Public Health re-  
6           ported that the cost of caring for and treating indi-  
7           viduals with autism spectrum disorders in the  
8           United States is more than \$35,000,000,000 annu-  
9           ally (an estimated \$3,200,000 over an individual's  
10          lifetime).

11          (9) Although the overall incidence of autism is  
12          consistent around the globe, researchers with the  
13          Journal of Paediatrics and Child Health have found  
14          that males are 4 times more likely to develop an au-  
15          tism spectrum disorder than females. Autism spec-  
16          trum disorders know no racial, ethnic, or social  
17          boundaries, nor differences in family income, life-  
18          style, or educational levels, and can affect any child.

19          (10) Individuals with autism spectrum disorders  
20          from low-income, rural, and minority communities  
21          often face significant obstacles to accurate diagnosis  
22          and necessary specialized services, supports, and  
23          education.

24          (11) There is strong consensus within the re-  
25          search community that intensive treatment as soon

1 as possible following diagnosis not only can reduce  
2 the cost of lifelong care by two-thirds, but also yields  
3 the most positive life outcomes for children with au-  
4 tism spectrum disorders.

5 (12) Individuals with autism spectrum disorders  
6 and their families experience a wide range of medical  
7 issues. Few common standards exist for the diag-  
8 nosis and management of many aspects of clinical  
9 care. Behavioral difficulties may be attributed to the  
10 overarching disorder rather than to the pain and dis-  
11 comfort of a medical condition, which may go unde-  
12 tected and untreated. The health care and other  
13 treatments available in different communities can  
14 vary widely. Many families, lacking access to com-  
15 prehensive and coordinated health care, must fend  
16 for themselves to find the best health care, treat-  
17 ments, and services in a complex clinical world.

18 (13) Effective health care, treatment, and serv-  
19 ices for individuals with autism spectrum disorders  
20 depends upon a continuous exchange among re-  
21 searchers and caregivers. Evidence-based and prom-  
22 ising autism practices should move quickly into com-  
23 munities, allowing individuals with autism spectrum  
24 disorders and their families to benefit from the new-  
25 est research and enabling researchers to learn from

1 the life experiences of the people whom their work  
2 most directly affects.

3 (14) There is a critical shortage of appro-  
4 priately trained personnel across numerous impor-  
5 tant disciplines who can assess, diagnose, treat, and  
6 support children and adults with autism spectrum  
7 disorders and their families. Practicing professionals,  
8 as well as those in training to become professionals,  
9 need the most up-to-date practices informed by the  
10 most current research findings.

11 (15) The appropriate goals of the Nation re-  
12 garding individuals with autism spectrum disorder  
13 are the same as the appropriate goals of the Nation  
14 regarding individuals with disabilities in general, as  
15 established in the Americans with Disabilities Act of  
16 1990 (42 U.S.C. 12101 et seq.): to assure equality  
17 of opportunity, full participation, independent living,  
18 and economic self-sufficiency for such individuals.

19 (16) Finally, individuals with autism spectrum  
20 disorders are often denied health care benefits solely  
21 because of their diagnosis, even though proven, ef-  
22 fective treatments for autism spectrum disorders do  
23 exist.

1 **SEC. 3. PARENTAL RIGHTS RULE OF CONSTRUCTION.**

2 Nothing in this Act shall be construed to modify the  
3 legal rights of parents or legal guardians under Federal,  
4 State, or local law regarding the care of their children.

5 **SEC. 4. DEFINITIONS; TECHNICAL AMENDMENT TO THE**  
6 **PUBLIC HEALTH SERVICE ACT.**

7 Part R of title III of the Public Health Service Act  
8 (42 U.S.C. 280i et seq.) is amended—

9 (1) by inserting after the header for part R the  
10 following:

11 **“Subpart 1—Surveillance and Research Program;**  
12 **Education, Early Detection, and Intervention;**  
13 **and Reporting”;**

14 (2) in section 399AA(d), by striking “part” and  
15 inserting “subpart”; and

16 (3) by adding at the end the following:

17 **“Subpart 2—Care for People With Autism Spectrum**  
18 **Disorders; Public Education**

19 **“SEC. 399GG. DEFINITIONS.**

20 “Except as otherwise provided, in this subpart:

21 “(1) ADULT WITH AUTISM SPECTRUM DIS-  
22 ORDER.—The term ‘adult with autism spectrum dis-  
23 order’ means an individual with an autism spectrum  
24 disorder who has attained 22 years of age.

1           “(2) AFFECTED INDIVIDUAL.—The term ‘af-  
2           fected individual’ means an individual with an au-  
3           tism spectrum disorder.

4           “(3) AUTISM.—The term ‘autism’ means an au-  
5           tism spectrum disorder or a related developmental  
6           disability.

7           “(4) AUTISM CARE PROGRAM.—In this subpart,  
8           the term ‘autism care program’ means a program  
9           that is directed by a care coordinator who is an ex-  
10          pert in autism spectrum disorder treatment and  
11          practice and provides an array of medical, psycho-  
12          logical, behavioral, educational, and family services  
13          to individuals with autism and their families. Such  
14          a program shall—

15                 “(A) incorporate the attributes of the care  
16                 management model;

17                 “(B) offer, through an array of services or  
18                 through detailed referral and coordinated care  
19                 arrangements, an autism management team of  
20                 appropriate providers, including behavioral spe-  
21                 cialists, physicians, psychologists, social work-  
22                 ers, family therapists, nurse practitioners,  
23                 nurses, educators, and other appropriate per-  
24                 sonnel; and



1           “(C) have the capability to achieve im-  
2           provements in the management and coordina-  
3           tion of care for targeted beneficiaries.

4           “(5) AUTISM MANAGEMENT TEAM.—The term  
5           ‘autism management team’ means a group of autism  
6           care providers, including behavioral specialists, phy-  
7           sicians, psychologists, social workers, family thera-  
8           pists, nurse practitioners, nurses, educators, other  
9           appropriate personnel, and family members who  
10          work in a coordinated manner to treat individuals  
11          with autism spectrum disorders and their families.  
12          Such team shall determine the specific structure and  
13          operational model of its specific autism care pro-  
14          gram, taking into consideration cultural, regional,  
15          and geographical factors.

16          “(6) AUTISM SPECTRUM DISORDER.—The term  
17          ‘autism spectrum disorder’ means a developmental  
18          disability that causes substantial impairments in the  
19          areas of social interaction, emotional regulation,  
20          communication, and the integration of higher-order  
21          cognitive processes and which may be characterized  
22          by the presence of unusual behaviors and interests.  
23          Such term includes autistic disorder, pervasive devel-  
24          opmental disorder (not otherwise specified),  
25          Asperger syndrome, Retts disorder, childhood dis-

1 integrative disorder, and other related developmental  
2 disorders.

3 “(7) CARE MANAGEMENT MODEL.—The term  
4 ‘care management model’ means a model of care  
5 that with respect to autism—

6 “(A) is centered on the relationship be-  
7 tween an individual with an autism spectrum  
8 disorder and his or her family and their per-  
9 sonal autism care coordinator;

10 “(B) provides services to individuals with  
11 autism spectrum disorders to improve the man-  
12 agement and coordination of care provided to  
13 individuals and their families; and

14 “(C) has established, where practicable, ef-  
15 fective referral relationships between the autism  
16 care coordinator and the major medical, edu-  
17 cational, and behavioral specialties and ancillary  
18 services in the region.

19 “(8) CHILD WITH AUTISM SPECTRUM DIS-  
20 ORDER.—The term ‘child with autism spectrum dis-  
21 order’ means an individual with an autism spectrum  
22 disorder who has not attained 22 years of age.

23 “(9) INTERVENTIONS.—The term ‘interven-  
24 tions’ means the educational methods and positive  
25 behavioral support strategies designed to improve or

1 ameliorate symptoms associated with autism spec-  
2 trum disorders.

3 “(10) PERSONAL CARE COORDINATOR.—The  
4 term ‘personal care coordinator’ means a physician,  
5 nurse, nurse practitioner, psychologist, social worker,  
6 family therapist, educator, or other appropriate per-  
7 sonnel (as determined by the Secretary) who has ex-  
8 tensive expertise in treatment and services for indi-  
9 viduals with autism spectrum disorders, who—

10 “(A) practices in an autism care program;  
11 and

12 “(B) has been trained to coordinate and  
13 manage comprehensive autism care for the  
14 whole person.

15 “(11) PROJECT.—The term ‘project’ means the  
16 autism care program demonstration project estab-  
17 lished under section 399GG–1.

18 “(12) SERVICES.—The term ‘services’ means  
19 services to assist individuals with autism spectrum  
20 disorders to live more independently in their commu-  
21 nities and to improve their quality of life.

22 “(13) TREATMENTS.—The term ‘treatments’  
23 means the health services, including mental health  
24 and behavioral therapy services, designed to improve

1 or ameliorate symptoms associated with autism spec-  
2 trum disorders.”.

3 **SEC. 5. AUTISM CARE PROGRAMS DEMONSTRATION**  
4 **PROJECT.**

5 Part R of title III of the Public Health Service Act  
6 (42 U.S.C. 280i), as amended by section 4, is further  
7 amended by adding at the end the following:

8 **“SEC. 399GG-1. AUTISM CARE PROGRAMS DEMONSTRATION**  
9 **PROJECT.**

10 “(a) IN GENERAL.—Not later than 1 year after the  
11 date of enactment of the Autism Services and Workforce  
12 Acceleration Act of 2011, the Secretary, acting through  
13 the Administrator of the Health Resources and Services  
14 Administration, shall establish a demonstration project for  
15 the implementation of an Autism Care Program (referred  
16 to in this section as the ‘Program’) to provide grants and  
17 other assistance to improve the effectiveness and efficiency  
18 in providing comprehensive care to individuals diagnosed  
19 with autism spectrum disorders and their families.

20 “(b) GOALS.—The Program shall be designed—

21 “(1) to increase—

22 “(A) comprehensive autism spectrum dis-  
23 order care delivery;

1           “(B) access to appropriate health care  
2 services, especially wellness and prevention care,  
3 at times convenient for individuals;

4           “(C) satisfaction of individuals with autism  
5 spectrum disorders;

6           “(D) communication among autism spec-  
7 trum disorder health care providers,  
8 behaviorists, educators, specialists, hospitals,  
9 and other autism spectrum disorder care pro-  
10 viders;

11           “(E) academic progress of students with  
12 autism spectrum disorders;

13           “(F) successful transition to postsecondary  
14 education, vocational or job training and place-  
15 ment, and comprehensive adult services for in-  
16 dividuals with autism spectrum disorders, focus-  
17 ing in particular upon the transitional period  
18 for individuals between the ages of 18 and 25;

19           “(G) the quality of health care services,  
20 taking into account nationally developed stand-  
21 ards and measures;

22           “(H) development, review, and promulga-  
23 tion of common clinical standards and guide-  
24 lines for medical care to individuals with autism  
25 spectrum disorders;

1           “(I) development of clinical research  
2 projects to support clinical findings in a search  
3 for recommended practices; and

4           “(J) the quality of life of individuals with  
5 autism spectrum disorders, including commu-  
6 nication abilities, social skills, community inte-  
7 gration, self-determination, and employment  
8 and other related services; and

9           “(2) to decrease—

10           “(A) inappropriate emergency room utiliza-  
11 tion;

12           “(B) avoidable hospitalizations;

13           “(C) the duplication of health care serv-  
14 ices;

15           “(D) the inconvenience of multiple provider  
16 locations;

17           “(E) health disparities and inequalities  
18 that individuals with autism spectrum disorders  
19 face; and

20           “(F) preventable and inappropriate in-  
21 volvement with the juvenile and criminal justice  
22 systems.

23           “(c) ELIGIBLE ENTITIES.—To be eligible to receive  
24 assistance under the Program, an entity shall—

1           “(1) be a State or a public or private nonprofit  
2           entity;

3           “(2) coordinate activities with the applicable  
4           University Centers for Excellence in Developmental  
5           Disabilities, the Council on Developmental Disabil-  
6           ities, and the Protection and Advocacy System;

7           “(3) demonstrate a capacity to provide services  
8           to individuals with developmental disabilities and au-  
9           tism spectrum disorder;

10          “(4) agree to establish and implement treat-  
11          ments, interventions, and services that—

12                 “(A) enable targeted beneficiaries to des-  
13                 ignate a personal care coordinator to be their  
14                 source of first contact and to recommend com-  
15                 prehensive and coordinated care for the whole  
16                 of the individual;

17                 “(B) provide for the establishment of a co-  
18                 ordination of care committee that is composed  
19                 of clinicians and practitioners trained in and  
20                 working in autism spectrum disorder interven-  
21                 tion;

22                 “(C) establish a network of physicians,  
23                 psychologists, family therapists, behavioral spe-  
24                 cialists, social workers, educators, and health  
25                 centers that have volunteered to participate as

1 consultants to patient-centered autism care pro-  
2 grams to provide high-quality care, focusing on  
3 autism spectrum disorder care, at the appro-  
4 priate times and places and in a cost-effective  
5 manner;

6 “(D) work in cooperation with hospitals,  
7 local public health departments, and the net-  
8 work of patient-centered autism care programs,  
9 to coordinate and provide health care;

10 “(E) utilize health information technology  
11 to facilitate the provision and coordination of  
12 health care by network participants; and

13 “(F) collaborate with other entities to fur-  
14 ther the goals of the program, particularly by  
15 collaborating with entities that provide transi-  
16 tional adult services to individuals between the  
17 ages of 18 and 25 with autism spectrum dis-  
18 order, to ensure successful transition of such in-  
19 dividuals to adulthood; and

20 “(5) submit to the Secretary an application, at  
21 such time, in such manner, and containing such in-  
22 formation as the Secretary may require, including—

23 “(A) a description of the treatments, inter-  
24 ventions, or services that the eligible entity pro-  
25 poses to provide under the Program;



1           “(B) a demonstration of the capacity of  
2 the eligible entity to provide or establish such  
3 treatments, interventions, and services within  
4 such entity;

5           “(C) a description of the treatments, inter-  
6 ventions, or services that are available to indi-  
7 viduals with autism in the State;

8           “(D) a description of the gaps in services  
9 that exist in different geographic segments of  
10 the State;

11           “(E) a demonstration of the capacity of  
12 the eligible entity to monitor and evaluate the  
13 outcomes of the treatments, interventions, and  
14 services described in subparagraph (A);

15           “(F) estimates of the number of individ-  
16 uals and families who will be served by the eli-  
17 gible entity under the Program, including an es-  
18 timate of the number of such individuals and  
19 families in medically underserved areas;

20           “(G) a description of the ability of the eli-  
21 gible entity to enter into partnerships with com-  
22 munity-based or nonprofit providers of treat-  
23 ments, interventions, and services, which may  
24 include providers that act as advocates for indi-  
25 viduals with autism spectrum disorders and

1 local governments that provide services for indi-  
2 viduals with autism spectrum disorders at the  
3 community level;

4 “(H) a description of the ways in which ac-  
5 cess to such treatments and services may be  
6 sustained following the Program period;

7 “(I) a description of the ways in which the  
8 eligible entity plans to collaborate with other  
9 entities to develop and sustain an effective pro-  
10 tocol for successful transition from children’s  
11 services to adult services for individuals with  
12 autism spectrum disorder, particularly for indi-  
13 viduals between the ages of 18 and 25; and

14 “(J) a description of the compliance of the  
15 eligible entity with the integration requirement  
16 provided under section 302 of the Americans  
17 with Disabilities Act of 1990 (42 U.S.C.  
18 12182).

19 “(d) GRANTS.—The Secretary shall award 3-year  
20 grants to eligible entities whose applications are approved  
21 under subsection (c). Such grants shall be used to—

22 “(1) carry out a program designed to meet the  
23 goals described in subsection (b) and the require-  
24 ments described in subsection (c); and

1           “(2) facilitate coordination with local commu-  
2           nities to be better prepared and positioned to under-  
3           stand and meet the needs of the communities served  
4           by autism care programs.

5           “(e) ADVISORY COUNCILS.—

6           “(1) IN GENERAL.—Each recipient of a grant  
7           under this section shall establish an autism care pro-  
8           gram advisory council, which shall advise the autism  
9           care program regarding policies, priorities, and serv-  
10          ices.

11          “(2) MEMBERSHIP.—Each recipient of a grant  
12          shall appoint members of the recipient’s advisory  
13          council, which shall include a variety of autism care  
14          program service providers, individuals from the pub-  
15          lic who are knowledgeable about autism spectrum  
16          disorders, individuals receiving services through the  
17          Program, and family members of such individuals.  
18          At least 60 percent of the membership shall be com-  
19          prised of individuals who have received, or are re-  
20          ceiving, services through the Program or who are  
21          family members of such individuals.

22          “(3) CHAIRPERSON.—The recipient of a grant  
23          shall appoint a chairperson to the advisory council of  
24          the recipient’s autism care program who shall be—

1           “(A) an individual with autism spectrum  
2           disorder who has received, or is receiving, serv-  
3           ices through the Program; or

4           “(B) a family member of such an indi-  
5           vidual.

6           “(f) EVALUATION.—The Secretary shall enter into a  
7           contract with an independent third-party organization  
8           with expertise in evaluation activities to conduct an eval-  
9           uation and, not later than 180 days after the conclusion  
10          of the 3-year grant program under this section, submit  
11          a report to the Secretary, which may include measures  
12          such as whether and to what degree the treatments, inter-  
13          ventions, and services provided through the Program have  
14          resulted in improved health, educational, employment, and  
15          community integration outcomes for individuals with au-  
16          tism spectrum disorders, or other measures, as the Sec-  
17          retary determines appropriate.

18          “(g) ADMINISTRATIVE EXPENSES.—Of the amounts  
19          appropriated to carry out this section, the Secretary shall  
20          allocate not more than 7 percent for administrative ex-  
21          penses, including the expenses related to carrying out the  
22          evaluation described in subsection (f).

23          “(h) SUPPLEMENT NOT SUPPLANT.—Amounts pro-  
24          vided to an entity under this section shall be used to sup-  
25          plement, not supplant, amounts otherwise expended for

1 existing treatments, interventions, and services for individ-  
2 uals with autism spectrum disorders.”.

3 **SEC. 6. PLANNING AND DEMONSTRATION GRANTS FOR**  
4 **SERVICES FOR TRANSITIONING YOUTH AND**  
5 **ADULTS.**

6 Part R of title III of the Public Health Service Act  
7 (42 U.S.C. 280i), as amended by section 5, is further  
8 amended by adding at the end the following:

9 **“SEC. 399GG–2. PLANNING AND DEMONSTRATION GRANTS**  
10 **FOR SERVICES FOR TRANSITIONING YOUTH**  
11 **AND ADULTS.**

12 “(a) IN GENERAL.—

13 “(1) ESTABLISHMENT.—The Secretary shall es-  
14 tablish the grants described in paragraph (2) in  
15 order to enable selected eligible entities to provide  
16 appropriate services—

17 “(A) to youth with autism spectrum dis-  
18 orders who are transitioning from secondary  
19 education to careers or postsecondary education  
20 (referred to in this section as ‘transitioning  
21 youth’); and

22 “(B) to adults with autism spectrum dis-  
23 orders, including individuals who are typically  
24 underserved, to enable such individuals to be as  
25 independent as possible.

1           “(2) GRANTS.—The grants described in this  
2 paragraph are—

3           “(A) a one-time, single-year planning grant  
4 program for eligible entities; and

5           “(B) a multiyear service provision dem-  
6 onstration grant program for selected eligible  
7 entities.

8           “(b) PURPOSE OF GRANTS.—Grants shall be award-  
9 ed to eligible entities to provide all or part of the funding  
10 needed to carry out programs that focus on critical aspects  
11 of life for transitioning youth and adults with autism spec-  
12 trum disorders, such as—

13           “(1) postsecondary education, vocational train-  
14 ing, self-advocacy skills, and employment;

15           “(2) residential services and supports, housing,  
16 and transportation;

17           “(3) nutrition, health and wellness, recreational  
18 and social activities; and

19           “(4) personal safety and the needs of individ-  
20 uals with autism spectrum disorders who become in-  
21 volved with the criminal justice system.

22           “(c) ELIGIBLE ENTITY.—An eligible entity desiring  
23 to receive a grant under this section shall be a State or  
24 other public or private nonprofit organization, including  
25 an autism care program.

1 “(d) PLANNING GRANTS.—

2 “(1) IN GENERAL.—The Secretary shall award  
3 one-time grants to eligible entities to support the  
4 planning and development of initiatives that will ex-  
5 pand and enhance service delivery systems for  
6 transitioning youth and adults with autism spectrum  
7 disorders.

8 “(2) APPLICATION.—In order to receive such a  
9 grant, an eligible entity shall—

10 “(A) submit an application at such time  
11 and containing such information as the Sec-  
12 retary may require; and

13 “(B) demonstrate the ability to carry out  
14 such planning grant in coordination with the  
15 State Developmental Disabilities Council and  
16 organizations representing or serving individ-  
17 uals with autism spectrum disorders and their  
18 families.

19 “(e) IMPLEMENTATION GRANTS.—

20 “(1) IN GENERAL.—The Secretary shall award  
21 grants to eligible entities that have received a plan-  
22 ning grant under subsection (d) to enable such enti-  
23 ties to provide appropriate services to transitioning  
24 youth and adults with autism spectrum disorders.

1           “(2) APPLICATION.—In order to receive a grant  
2 under paragraph (1), the eligible entity shall submit  
3 an application at such time and containing such in-  
4 formation as the Secretary may require, including—

5           “(A) the services that the eligible entity  
6 proposes to provide and the expected outcomes  
7 for individuals with autism spectrum disorders  
8 who receive such services;

9           “(B) the number of individuals and fami-  
10 lies who will be served by such grant, including  
11 an estimate of the individuals and families in  
12 underserved areas who will be served by such  
13 grant;

14           “(C) the ways in which services will be co-  
15 ordinated among both public and nonprofit pro-  
16 viders of services for transitioning youth and  
17 adults with disabilities, including community-  
18 based services;

19           “(D) where applicable, the process through  
20 which the eligible entity will distribute funds to  
21 a range of community-based or nonprofit pro-  
22 viders of services, including local governments,  
23 and such entity’s capacity to provide such serv-  
24 ices;



1           “(E) the process through which the eligible  
2           entity will monitor and evaluate the outcome of  
3           activities funded through the grant, including  
4           the effect of the activities upon adults with au-  
5           tism spectrum disorders who receive such serv-  
6           ices;

7           “(F) the plans of the eligible entity to co-  
8           ordinate and streamline transitions from youth  
9           to adult services;

10          “(G) the process by which the eligible enti-  
11          ty will ensure compliance with the integration  
12          requirement provided under section 302 of the  
13          Americans With Disabilities Act of 1990 (42  
14          U.S.C. 12182); and

15          “(H) a description of how such services  
16          may be sustained following the grant period.

17          “(f) EVALUATION.—The Secretary shall contract  
18          with a third-party organization with expertise in evalua-  
19          tion to evaluate such demonstration grant program and,  
20          not later than 180 days after the conclusion of the grant  
21          program under subsection (e), submit a report to the Sec-  
22          retary. The evaluation and report may include an analysis  
23          of whether and to what extent the services provided  
24          through the grant program described in this section re-  
25          sulted in improved health, education, employment, and

1 community integration outcomes for adults with autism  
2 spectrum disorders, or other measures, as the Secretary  
3 determines appropriate.

4 “(g) ADMINISTRATIVE EXPENSES.—Of the amounts  
5 appropriated to carry out this section, the Secretary shall  
6 set aside not more than 7 percent for administrative ex-  
7 penses, including the expenses related to carrying out the  
8 evaluation described in subsection (f).

9 “(h) SUPPLEMENT, NOT SUPPLANT.—Demonstra-  
10 tion grant funds provided under this section shall supple-  
11 ment, not supplant, existing treatments, interventions,  
12 and services for individuals with autism spectrum dis-  
13 orders.”.

14 **SEC. 7. MULTIMEDIA CAMPAIGN.**

15 Part R of title III of the Public Health Service Act  
16 (42 U.S.C. 280i), as amended by section 6, is further  
17 amended by adding at the end the following:

18 **“SEC. 399GG-3. MULTIMEDIA CAMPAIGN.**

19 “(a) IN GENERAL.—The Secretary, in order to en-  
20 hance existing awareness campaigns and provide for the  
21 implementation of new campaigns, shall award grants to  
22 public and nonprofit private entities for the purpose of  
23 carrying out multimedia campaigns to increase public edu-  
24 cation and awareness and reduce stigma concerning—

1           “(1) healthy developmental milestones for in-  
2           fants and children that may assist in the early iden-  
3           tification of the signs and symptoms of autism spec-  
4           trum disorders; and

5           “(2) autism spectrum disorders through the  
6           lifespan and the challenges that individuals with au-  
7           tism spectrum disorders face, which may include  
8           transitioning into adulthood, securing appropriate  
9           job training or postsecondary education, securing  
10          and holding jobs, finding suitable housing, inter-  
11          acting with the correctional system, increasing inde-  
12          pendence, and attaining a good quality of life.

13          “(b) ELIGIBILITY.—To be eligible to receive a grant  
14          under subsection (a), an entity shall—

15                 “(1) submit to the Secretary an application at  
16                 such time, in such manner, and containing such in-  
17                 formation as the Secretary may require; and

18                 “(2) provide assurance that the multimedia  
19                 campaign implemented under such grant will provide  
20                 information that is tailored to the intended audience,  
21                 which may be a diverse public audience or a specific  
22                 audience, such as health professionals, criminal jus-  
23                 tice professionals, or emergency response profes-  
24                 sionals.”.

1 **SEC. 8. NATIONAL TRAINING INITIATIVES ON AUTISM SPEC-**  
2 **TRUM DISORDERS.**

3 Part R of title III of the Public Health Service Act  
4 (42 U.S.C. 280i), as amended by section 7, is further  
5 amended by adding at the end the following:

6 **“SEC. 399GG-4. NATIONAL TRAINING INITIATIVES ON AU-**  
7 **TISM SPECTRUM DISORDERS.**

8 “(a) NATIONAL TRAINING INITIATIVE SUPPLE-  
9 MENTAL GRANTS.—

10 “(1) IN GENERAL.—The Secretary shall award  
11 multiyear national training initiative supplemental  
12 grants to eligible entities so that such entities may  
13 provide training and technical assistance and to dis-  
14 seminate information, in order to enable such enti-  
15 ties to address the unmet needs of individuals with  
16 autism spectrum disorders and their families.

17 “(2) ELIGIBLE ENTITY.—To be eligible to re-  
18 ceive assistance under this section an entity shall—

19 “(A) be a public or private nonprofit enti-  
20 ty, including University Centers for Excellence  
21 in Developmental Disabilities and other service,  
22 training, and academic entities; and

23 “(B) submit an application as described in  
24 paragraph (3).

25 “(3) REQUIREMENTS.—An eligible entity that  
26 desires to receive a grant under this paragraph shall

1 submit to the Secretary an application containing  
2 such agreements and information as the Secretary  
3 may require, including agreements that the training  
4 program shall—

5 “(A) provide training and technical assist-  
6 ance in evidence-based practices of effective  
7 interventions, services, treatments, and sup-  
8 ports to children and adults on the autism spec-  
9 trum and their families, and evaluate the imple-  
10 mentation of such practices;

11 “(B) provide trainees with an appropriate  
12 balance of interdisciplinary academic and com-  
13 munity-based experiences;

14 “(C) have a demonstrated capacity to in-  
15 clude individuals with autism spectrum dis-  
16 orders, parents, and family members as part of  
17 the training program to ensure that a person  
18 and family-centered approach is used;

19 “(D) provide to the Secretary, in the man-  
20 ner prescribed by the Secretary, data regarding  
21 the outcomes of the provision of training and  
22 technical assistance;

23 “(E) demonstrate a capacity to share and  
24 disseminate materials and practices that are de-

1           veloped and evaluated to be effective in the pro-  
2           vision of training and technical assistance; and

3           “(F) provide assurances that training,  
4           technical assistance, and information dissemina-  
5           tion performed under grants made pursuant to  
6           this paragraph shall be consistent with the  
7           goals established under already existing dis-  
8           ability programs authorized under Federal law  
9           and conducted in coordination with other rel-  
10          evant State agencies and service providers.

11          “(4) ACTIVITIES.—An entity that receives a  
12          grant under this section shall expand and develop  
13          interdisciplinary training and continuing education  
14          initiatives for health, allied health, and educational  
15          professionals by engaging in the following activities:

16                 “(A) Promoting and engaging in training  
17                 for health, allied health, and educational profes-  
18                 sionals to identify, diagnose, and develop inter-  
19                 ventions for individuals with, or at risk of devel-  
20                 oping, autism spectrum disorders.

21                 “(B) Expanding the availability of training  
22                 and dissemination of information regarding ef-  
23                 fective, lifelong interventions, educational serv-  
24                 ices, and community supports.

1           “(C) Providing training and technical as-  
2           sistance in collaboration with relevant State, re-  
3           gional, or national agencies, institutions of  
4           higher education, and advocacy groups or com-  
5           munity-based service providers, including health  
6           and allied health professionals, employment pro-  
7           viders, direct support professionals, emergency  
8           first responder personnel, and law enforcement  
9           officials.

10           “(D) Developing mechanisms to provide  
11           training and technical assistance, including for-  
12           credit courses, intensive summer institutes, con-  
13           tinuing education programs, distance-based pro-  
14           grams, and web-based information dissemina-  
15           tion strategies.

16           “(E) Collecting data on the outcomes of  
17           training and technical assistance programs to  
18           meet statewide needs for the expansion of serv-  
19           ices to children with autism spectrum disorders  
20           and adults with autism spectrum disorders.

21           “(b) TECHNICAL ASSISTANCE.—The Secretary shall  
22           reserve 2 percent of the appropriated funds to make a  
23           grant to a national organization with demonstrated capac-  
24           ity for providing training and technical assistance to the

1 entities receiving grants under subsection (a) to enable  
2 such entities to—

3           “(1) assist in national dissemination of specific  
4 information, including evidence-based and promising  
5 best practices, from interdisciplinary training pro-  
6 grams, and when appropriate, other entities whose  
7 findings would inform the work performed by enti-  
8 ties awarded grants;

9           “(2) compile and disseminate strategies and  
10 materials that prove to be effective in the provision  
11 of training and technical assistance so that the en-  
12 tire network can benefit from the models, materials,  
13 and practices developed in individual programs;

14           “(3) assist in the coordination of activities of  
15 grantees under this section;

16           “(4) develop an Internet web portal that will  
17 provide linkages to each of the individual training  
18 initiatives and provide access to training modules,  
19 promising training, and technical assistance prac-  
20 tices and other materials developed by grantees;

21           “(5) convene experts from multiple interdiscipli-  
22 nary training programs and individuals with autism  
23 spectrum disorders and their families to discuss and  
24 make recommendations with regard to training  
25 issues related to the assessment, diagnosis of, treat-



1       ment, interventions and services for, children and  
2       adults with autism spectrum disorders; and

3               “(6) undertake any other functions that the  
4       Secretary determines to be appropriate.

5       “(c) SUPPLEMENT NOT SUPPLANT.—Amounts pro-  
6       vided under this section shall be used to supplement, not  
7       supplant, amounts otherwise expended for existing net-  
8       work or organizational structures.”.

9       **SEC. 9. AUTHORIZATION OF APPROPRIATIONS.**

10       There are authorized to be appropriated for fiscal  
11       years 2012 through 2016 such sums as may be necessary  
12       to carry out this Act.